MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO. 10/544212
APPLICANT(S)

FILING DATE

(FOR USE WITH FORM PTO-875)

	CLAIMS													
		AS FILED		AFTER 1 AMENDMENT		AFTER 2 MAMENDMENT			AS FILED		AFTER		AFTER 2 - AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
2				 	!	ļ		51						
3	 			 				52 53						
4	 			 				54						
5				i				55						
6								56						
8								57			·			
9			-					58 59						
10				'				60						
11								61						
12								62						
13							•	63						
14 15							ŀ	64						
16					 		ŀ	65 66						
17							ŀ	67						
18								68						
19							[69						
20 21							- 1	70						
22							ŀ	71 72						
23							ı	73						
24								74						
25								75						
26 27								76						
28								77 78						
29							t	79						
30								80						-
31								81						
32 33							-	82 83						
34							⊦	84						
35							F	85						
36								86						
37							-	87						
38- 39							}_	88 89						
40								90					·	
41							-	91						
42								92						
43							L	93						
44							-	94 95						
46	-+						F	96					 +	
47								97				<u> </u>		
48								98						
49								99						
50							-	100		 +	 -			
OTAL IND.		*	1	*		+	1	OTAL IND.		•		*		+
OTAL DEP.	1.0	-	11	—	•	(-	—	OTAL DEP.	- <u>F</u>	(- 72			
TOTAL CLAIMS			2			أننسب		TOTAL CLAIMS						
PTO - 1360 (I	REV. 11/94)									S. DEPARTM				